FORENSIC MEDICAL REPORT: NONACUTE (>72 HOURS)
CHILD/ADOLESCENT SEXUAL ABUSE EXAMINATION
STATE OF CALIFORNIA
CALIFORNIA EMERGENCY MANAGEMENT AGENCY

CalEMA 2-925

Confidential Document

Patient Identification

A. GENERAL INFORMATION (print or type)

Name of Medical Facility:

1. Name of patient | **Patient ID number**

2. Address | **City** | **County** | **State** | **Telephone**

3. Age	**DOB**	**Gender** M F	**Ethnicity**	**Date/time of arrival**	**Date/time of discharge**

4. Name of : ☐ **Mother** ☐ **Stepmother** ☐ **Guardian** **Address** | **City** | **County** | **State** | **Telephone** W: H:

5. Name of : ☐ **Father** ☐ **Stepfather** ☐ **Guardian** **Address** | **City** | **County** | **State** | **Telephone** W: H:

6. Name(s) of Siblings	**Gender**	**Age**	**DOB**	**Name(s) of Siblings**	**Gender**	**Age**	**DOB**
	M F				M F		
	M F				M F		

B. REPORTING AND AUTHORIZATION

Jurisdiction (☐**city** ☐**county** ☐**other):**

1. Telephone report made to	**Name**	**Agency**	**ID number**	**Telephone**
Law Enforcement ☐ and/or Child Protective Services ☐				

2. Responding Personnel (to medical facility)	**Name**	**Agency**	**ID number**	**Telephone**
Law Enforcement ☐ and/or Child Protective Services ☐				

3. Assigned Investigator (if known)	**Name**	**Agency**	**ID number**	**Telephone**
Law Enforcement ☐ and/or Child Protective Services ☐				

4. Authorization for evidential exam requested by law enforcement or child protective services agency

I request a forensic medical examination for suspected sexual abuse at public expense.

Telephone Authorization
Agency:
Authorizing party:
ID number:
Date/time:

☐ **Law enforcement officer** **ID number** ☐ **Child Protective Services**

Telephone **Date** **Time** **Case number**

C. CONSENT FOR EXAMINATION BY PATIENT/PARENT/GUARDIAN

Note: Parental consent is not required for a suspected child sexual abuse examination if the child is in protective custody. Family Code Section 6927 permits minors (12 to 17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions regarding parental notification requirements for minors.

- I hereby consent to a forensic medical examination for evidence of sexual abuse. I understand that collection of evidence may include photographing injuries and that these photographs may include the anal-genital area (private parts). I further understand that medical providers are required to notify child protective authorities of known or suspected child abuse; and, if child abuse is found or suspected, this form and any evidence obtained will be released to a child protective agency.
- I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Victims of Crime (VOC) Restitution Fund for out-of-pocket medical expenses, psychological counseling, loss of wages, and job retraining/rehabilitation.
- I understand that data without patient identity may be collected from this report for health and forensic purposes and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies.

Signature _____ ☐ Patient ☐ Parent ☐ Guardian

DISTRIBUTION OF CalEMA 2-925

☐ Original – Law Enforcement ☐ Copy – Child Protective Services ☐ Copy – Medical Facility Records

D. PATIENT HISTORY

1. Record time or time frame of the incident(s)	Date(s)	Time or time frame
☐ More than 72 hours		
☐ Multiple incidents over time		

2. Record patient's name for:	3. Alleged perpetrator(s) name(s)	Age	Gender	Ethnicity	Relationship to Patient	
					Known	Unknown
Female genitalia						
Male genitalia	#1.		M F			
Breasts	#2.		M F			
Anus	#3.		M F			

E. ACTS DESCRIBED BY HISTORIAN

Name of historian	Relationship to patient	History obtained by:	Telephone	Agency ☐ Not applicable

	No	Yes	Attempted	Unsure	N/A	Describe pain and/or bleeding and additional pertinent history:
Genital/vaginal contact/penetration by:						
Penis	☐	☐	☐	☐	☐	
Finger	☐	☐	☐	☐	☐	
Object (Describe)	☐	☐	☐	☐	☐	
Associated pain?	☐	☐		☐	☐	
Associated bleeding?	☐	☐		☐	☐	
Anal contact/penetration by:						
Penis	☐	☐	☐	☐	☐	
Finger	☐	☐	☐	☐	☐	
Object (Describe)	☐	☐	☐	☐	☐	
Associated pain?	☐	☐		☐	☐	
Associated bleeding?	☐	☐		☐	☐	
Oral copulation of genitals:						
Of patient by assailant	☐	☐	☐	☐	☐	
Of assailant by patient	☐	☐	☐	☐	☐	
Oral copulation of anus:						
Of patient by assailant	☐	☐	☐	☐	☐	
Of assailant by patient	☐	☐	☐	☐	☐	
Anal/genital fondling:						
Of patient by assailant	☐	☐	☐	☐	☐	
Of assailant by patient	☐	☐	☐	☐	☐	
Non-genital act(s)?	☐	☐			☐	
If yes: ☐ Fondling ☐ Licking ☐ Kissing ☐ Suction Injury ☐ Biting						
Other acts? (Describe)	☐	☐	☐	☐	☐	
Did ejaculation occur?	☐	☐		☐	☐	
If yes, note location(s):						
☐ Mouth ☐ Vagina ☐ Body surface ☐ On bedding						
☐ Anus/Rectum ☐ On clothing ☐ Other						
Contraceptive or lubricant products? ☐ No ☐ Yes					☐	
If yes, note type/brand: ☐ Foam ☐ Jelly ☐ Lubricant ☐ Condom						
Were force or threats used? ☐ No ☐ Yes ☐ Force ☐ Threats					☐	
Were weapons used? ☐ No ☐ Yes					☐	
If yes, describe: _____						
Were pictures/videotapes taken ☐ or shown ☐? ☐ No ☐ Yes					☐	
If yes, note type(s): ☐ Pictures ☐ Videotapes						
Were drugs ☐ or alcohol ☐ used? ☐ No ☐ Yes*					☐	
Loss of memory? ☐ No ☐ Yes*					☐	
Lapse of consciousness? ☐ No ☐ Yes*					☐	
Vomited after act(s)? ☐ No ☐ Yes					☐	
Behavioral changes in patient? ☐ No ☐ Yes					☐	

***Collection of urine toxicology sample (<96 hours) is recommended according to local policy.**

F. ACTS DESCRIBED BY PATIENT

1. Acts disclosed by patient to: ☐ Law Enforcement Officer ☐ Medical Examiner ☐ Multi-disciplinary Interview Team ☐ Social Worker ☐ Other:

Patient Identification

	No	Yes	Attempted	Unsure	N/A
Genital/vaginal contact/penetration by:					
Penis	☐	☐	☐	☐	☐
Finger	☐	☐	☐	☐	☐
Object (Describe)	☐	☐	☐	☐	☐
Associated pain?	☐	☐		☐	☐
Associated bleeding?	☐	☐		☐	☐
Anal contact/penetration by:					
Penis	☐	☐	☐	☐	☐
Finger	☐	☐	☐	☐	☐
Object (Describe)	☐	☐	☐	☐	☐
Associated pain?	☐	☐		☐	☐
Associated bleeding?	☐	☐		☐	☐
Oral copulation of genitals:					
Of patient by assailant	☐	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐	☐
Oral copulation of anus:					
Of patient by assailant	☐	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐	☐
Anal/genital fondling:					
Of patient by assailant	☐	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐	☐
Non-genital act(s)?	☐	☐			☐

If yes: ☐ Fondling ☐ Licking ☐ Kissing ☐ Suction Injury ☐ Biting

	No	Yes	Attempted	Unsure	N/A
Other acts? (Describe)	☐	☐	☐	☐	☐
Did ejaculation occur?	☐	☐		☐	☐

If yes, note location(s):
☐ Mouth ☐ Vagina ☐ Body surface ☐ On bedding
☐ Anus/Rectum ☐ On clothing ☐ Other

Contraceptive or lubricant products? ☐ No ☐ Yes ☐ N/A
If yes, note type/brand: ☐ Foam ☐ Jelly ☐ Lubricant ☐ Condom
Were force or threats used? ☐ No ☐ Yes ☐ Force ☐ Threats ☐ N/A
Were weapons used? ☐ No ☐ Yes ☐ N/A
If yes, describe: ____________________
Were pictures/videotapes taken ☐ or shown ☐? ☐ No ☐ Yes ☐ N/A
If yes, note type(s): ☐ Pictures ☐ Videotapes
Were drugs ☐ or alcohol ☐ used? ☐ No ☐ Yes* ☐ N/A
Loss of memory? ☐ No ☐ Yes* ☐ N/A
Lapse of consciousness? ☐ No ☐ Yes* ☐ N/A
Vomited after act(s)? ☐ No ☐ Yes ☐ N/A
Behavorial changes? ☐ No ☐ Yes ☐ N/A

2. Describe pain and/or bleeding (using exact patient's words) and additional pertinent history:

____

***Collection of urine toxicology sample (<96 hours) is recommended according to local policy.**

G. MEDICAL HISTORY (to be completed by medical personnel)

1. Name of person providing history	**Relationship to patient**

	No	Yes
2. Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of physical findings?	☐	☐
3. Any other pertinent medical conditions that may affect the interpretation of physical findings?	☐	☐
4. Any pre-existing physical injuries?	☐	☐
5. Any previous history of physical abuse and/or neglect?	☐	☐
6. Any previous history of sexual abuse?	☐	☐
7. Other intercourse? (For adolescents only)	☐	☐
If yes, anal (within past 5 days)? When ______	☐	☐
vaginal (within past 5 days)? When ______	☐	☐
If yes, did ejaculation occur? Where ______	☐	☐

9. Other symptoms disclosed	**by patient:** No	Yes	**by historian:** No	Yes	Unk
Abdominal/pelvic pain	☐	☐	☐	☐	☐
Pain on urination	☐	☐	☐	☐	☐
Genital discomfort or pain	☐	☐	☐	☐	☐
Genital itching	☐	☐	☐	☐	☐
Genital discharge	☐	☐	☐	☐	☐
Genital bleeding	☐	☐	☐	☐	☐
Rectal discomfort or pain	☐	☐	☐	☐	☐
Rectal itching	☐	☐	☐	☐	☐
Rectal bleeding	☐	☐	☐	☐	☐
Constipation	☐	☐	☐	☐	☐
Other ______	☐	☐	☐	☐	☐

If yes, describe onset, duration and intensity:

H. GENERAL PHYSICAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. BP	Pulse	Resp	Temp	Height	Weight	2. Date/time examination	
						Started	Completed

3. Female Tanner Stage – Breast 1☐ 2☐ 3☐ 4☐ 5☐

4. Describe general demeanor and relevant statements made during exam.

5. Conduct a physical examination. ☐Findings ☐No Findings

General exam within normal limits: ☐Yes ☐No If no, describe:

Patient Identification

Diagram A

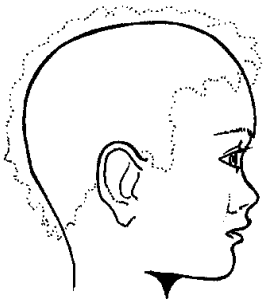


Diagram B

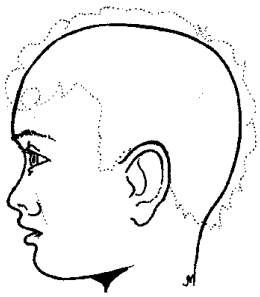


Diagram C

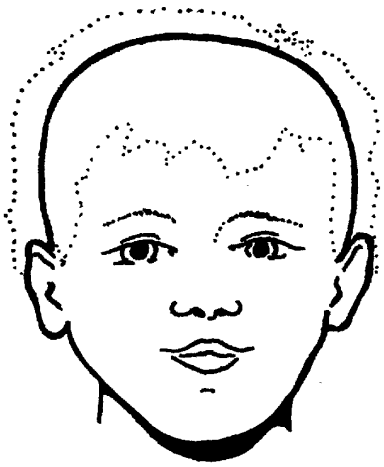


Diagram D

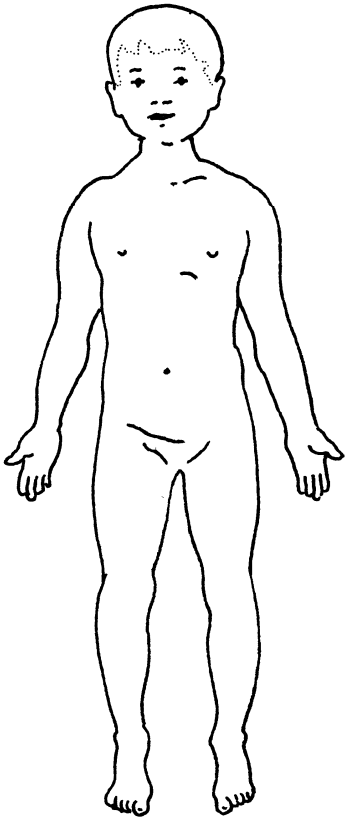


Diagram E

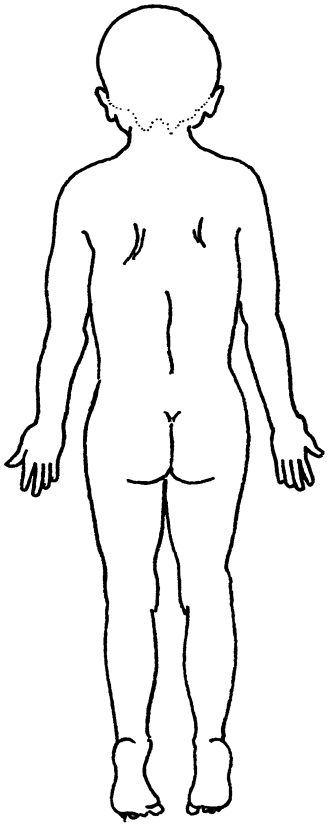
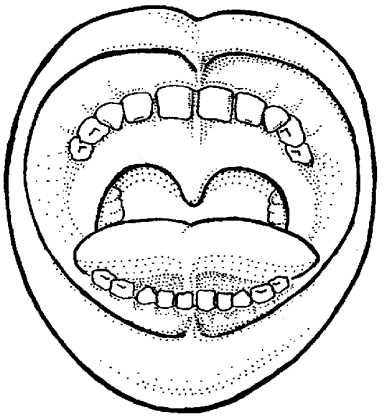


Diagram F



LEGEND: Types of Findings

AB	Abrasion	**BU**	Burn	**DI**	Discharge	**HC**	Hymenal Cleft	**OSC**	Other Skin Condition	**PGW**	Possible Genital Wart	**SW**	Swelling
AHT	Absent Hymenal Tissue	**CV**	Congenital Variation	**EC**	Ecchymosis (bruise)	**IN**	Induration					**TE**	Tenderness
AL	Anal Laxity	**DE**	Debris	**ER**	Erythema (redness)	**LA**	Laceration	**OT**	Other	**SH**	Submucosal Hemorrhage	**VL**	Vesicular Lesion
BI	Bite	**DF**	Deformity	**FB**	Foreign Body	**OI**	Other Injury (describe)	**PW**	Perianal Wart				
				GT	Granulation Tissue			**PE**	Petechiae	**SI**	Suction Injury		

Locator #		Description	Locator #	Type	Description

I. EXAMINATION OF THE EXTERNAL GENITALIA AND PERINEAL AREA

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Use a colposcope or employ other means of magnification.

2. Examine the genital structures.

- **See page 5 of instructions for diagrams of the genital structures.**
- **Use exam techniques described in instructions.**
- **Diagram the position that best illustrates your findings.**

Patient Identification

Diagram G

Diagram H

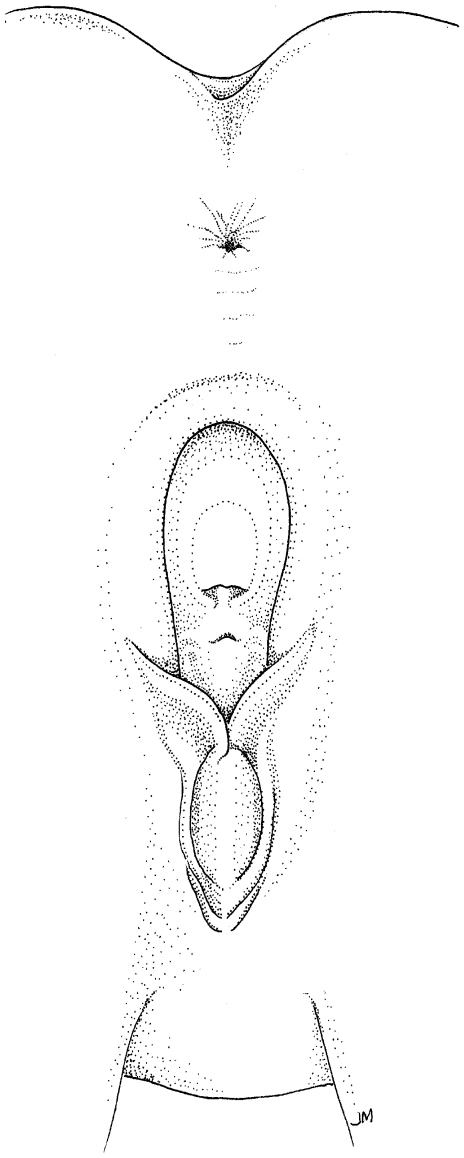


Diagram I

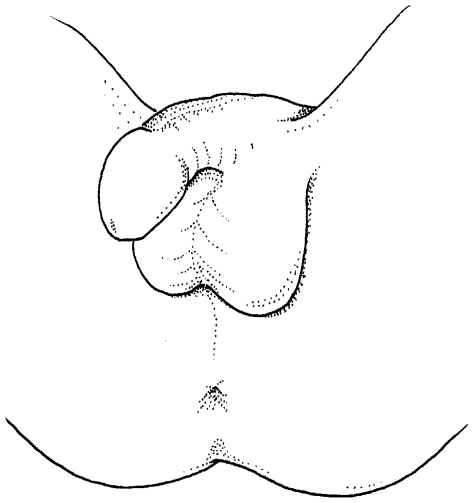
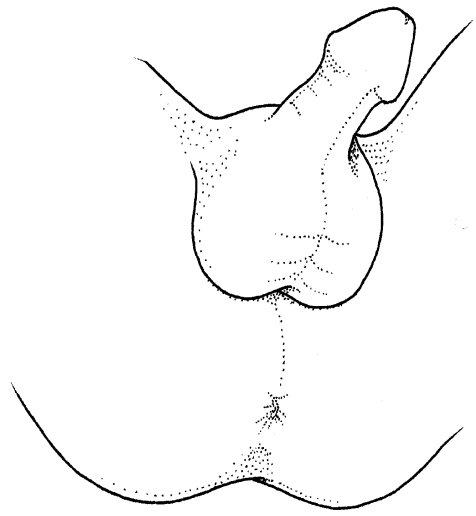


Diagram J



Supine **Knee-Chest** **Penis**

LEGEND: Types of Findings

AB	Abrasion	**BU**	Burn	**DI**	Discharge	**HC**	Hymenal Cleft	**OSC**	Other Skin Condition	**PGW**	Possible Genital Wart	**SW**	Swelling
AHT	Absent Hymenal Tissue	**CV**	Congenital Variation	**EC**	Ecchymosis (bruise)	**IN**	Induration	**OT**	Other	**SH**	Submucosal Hemorrhage	**TE**	Tenderness
AL	Anal Laxity	**DE**	Debris	**ER**	Erythema (redness)	**LA**	Laceration	**PW**	Perianal Wart			**VL**	Vesicular Lesion
BI	Bite	**DF**	Deformity	**FB**	Foreign Body	**OI**	Other Injury (describe)	**PE**	Petechiae	**SI**	Suction Injury		
GT	Granulation Tissue												

Locator #	Type	Description	Locator #	Type	Description

J. ANAL-GENITAL FINDINGS

1. Exam method:

☐Direct visualization ☐Colposcope ☐Other magnification

2. General Female/Male

	WNL	ABN	Describe
Inguinal adenopathy	☐	☐	_____
Perineum	☐	☐	_____

3. Genital Tanner Stage 1☐ 2☐ 3☐ 4☐ 5☐

Patient Identification

4. Female Genitalia

Exam positions/methods:

	Separation	Traction	Knee chest
Supine	☐	☐	☐
Prone	☐	☐	☐

☐ Saline/water ☐ Moistened swab ☐ Catheter ☐ Other:

	WNL	ABN	Describe
Labia majora	☐	☐	
Labia minora	☐	☐	
Clitoral hood	☐	☐	
Perihymenal tissues (vestibule)	☐	☐	
Hymen ☐Supine ☐Prone	☐	☐	

Record morphology:

☐ Annular _____

☐ Crescentic _____

☐ Imperforate _____

☐ Septate _____

Fossa navicularis	☐	☐	
Posterior fourchette	☐	☐	
Vagina (pubertal adolescents)	☐	☐	
Cervix (pubertal adolescents)	☐	☐	

Discharge ☐No ☐Yes If yes, describe:

5. Male Genitals

	WNL	ABN	Describe
Penis	☐	☐	
Circumcised ☐			
Uncircumcised ☐			
Foreskin	☐	☐	
Glans Penis	☐	☐	
Penile Shaft	☐	☐	
Urethral meatus	☐	☐	
Scrotum	☐	☐	
Testes	☐	☐	

Discharge ☐No ☐Yes If yes, describe:

6. Female/Male Anus and Rectum

Exam positions	Observation	Observation with traction
Supine	☐	☐
Supine knee chest	☐	☐
Prone knee chest	☐	☐
Lateral recumbent	☐	☐

Exam methods: ☐ Moistened swab ☐ Other:_____ ☐ Anoscopy

	WNL	ABN	Describe:
Buttocks	☐	☐	
Perianal skin	☐	☐	
Anal verge/folds	☐	☐	
Rectum	☐	☐	

_____

_____

_____

Anal dilation ☐ No ☐ Yes If yes: ☐ Immediate ☐ Delayed

Stool present in rectal ampulla ☐ No ☐ Yes ☐Undetermined

K. FINDINGS AND INTERPRETATION

1. Anal-Genital Findings

☐ Normal anal-genital exam

☐ Abnormal anal-genital exam

☐ Indeterminate anal-genital exam

2. Assessment of Anal-Genital Findings

☐ Consistent with history

☐ Inconsistent with history

☐ Limited/Insufficient history

3. Interpretation of Anal-Genital Findings

☐ Normal exam: can neither confirm nor negate sexual abuse

☐ Non specific: may be caused by sexual abuse or other mechanisms

☐ Sexual abuse is highly suspected

☐ Definite evidence of sexual abuse and/or sexual contact.

4. ☐ Need further consultation/investigation

5. ☐ Lab results or photo review pending (may alter assessment)

L. MEDICAL LAB TESTS PERFORMED

STD Cultures	GC	Chlamydia	Other	Describe	Taken by
Oral	☐	☐	☐		
Vestibular	☐	☐	☐		
Vaginal	☐	☐	☐		
Cervical	☐	☐	☐		
Rectal	☐	☐	☐		
Penile	☐	☐	☐		
Wet mount	☐	☐	☐		

Serology Syphilis ☐ HIV ☐ Hepatitis ☐ _____

Pregnancy test Blood ☐ Urine☐ _____ _____

Other test(s) _____ _____

M. TOXICOLOGY

Urine Toxicology ☐ No ☐ Yes Taken by: _____

6. Additional comments regarding findings, interpretations, and recommendations.

N. PHOTO DOCUMENTATION METHODS

	No	Yes	Colposcope/35mm	Macrolens/35mm	Colposcope/Videocamera	Other Optics	Photographed by:
Body	☐	☐	☐	☐	☐	☐	_____ _____
Genitals	☐	☐	☐	☐	☐	☐	_____ _____

O. PRINT NAMES OF PERSONNEL INVOLVED

History taken by:	Exam performed by:	Telephone:	Signature of Examiner:	License No.